

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	8/3
O.I.P.E. CLASSIFIER			8-9-99
FORMALITY REVIEW		11290	8/20/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/5/99
2	8/10/99
3	8/12/99
4	8/12/99
5	8/12/99
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49	8/12/99
50	8/12/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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